

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/593260	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8	2		2			
9	2		2			
10	2		2			
11	1		1			
12	1		1			
13	1		1			
14						
15						
16						
17						
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20						
21						
22						
23						
24						
25						
26	13					
27	13					
28	1					
29	13		1			
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34	4		4			
35						
36						
37						
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47						
48						
49						
50						
TOTAL IND.	6	↓	6	↓	↓	
TOTAL DEP.	69	←	34	←	←	
TOTAL CLAIMS	75		40			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓	↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						